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DEPARTMENT OF COMMERCE
U.S. PATENT AND TRADEMARK OFFICE
DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)

Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	1406/189
First Named Inventor	Hans-Peter Moll
COMPLETE IF KNOWN	
Application Number	10/801,781
Filing Date	March 16, 2004
Art Unit	2812
Examiner Name	To Be Assigned

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PROCESS FOR PRODUCING AN ETCHING MASK ON A MICROSTRUCTURE, IN PARTICULAR A SEMICONDUCTOR STRUCTURE WITH TRENCH CAPACITORS, AND CORRESPONDING USE OF THE ETCHING MASK

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) 03/16/2004 as United States Application Number or PCT International

Application Number 10/801,781 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
10312202.8	DE	03/19/2003	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number: 25297 OR Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Hans-Peter Family Name or Surname Moll

Inventor's Signature *H.P. Moll* Date 15/4/04

Residence: City Dresden State Country DE Citizenship DE

Mailing Address
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City Dresden State ZIP S-01277 Country DE

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Momtchil Family Name or Surname Stavrev

Inventor's Signature *Momtchil Stavrev* Date 16.04.04

Residence: City Dresden State Country DE Citizenship DE

Mailing Address
Goethestrasse 24

City Dresden State ZIP D-01109 Country DE

 Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.



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PTO/SB/02A (08-03)

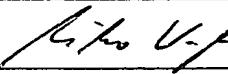
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)		Family Name or Surname	
Mirko		Vogt	
Inventor's Signature			Date <u>19.04.2004</u>
Residence: City Dresden	State	Country DE	Citizenship DE
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Mailing Address			
City Dresden		State	Zip D-01307 Country DE
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)		Family Name or Surname	
Stephan		Wege	
Inventor's Signature			Date <u>26.04.2004</u>
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Mailing Address Hauptstrasse 7A			
Mailing Address			
City Weissig		State	Zip D-01474 Country DE
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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